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## RELIGIOUS AFFILIATION AND ALCOHOL CONSUMPTION IN THE UNITED STATES\*

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**ABSTRACT.** Levels of alcohol consumption are a major public health issue. This study aims to gain a better understanding of how geographical patterns of religious affiliation in the United States relate to geographical patterns of alcohol consumption. We explored state-level correlations between alcohol consumption and religious adherence. Although we found no statistically significant correlation between overall religious adherence rates and current or binge drinking rates, states with higher adherence rates were significantly more likely to have high proportions of binge drinking among current drinkers. Yet, regionally, we found a strong inverse correlation in the Southeast and a strong positive correlation in the Midwest and Northeast between adherence rates and current and binge drinking rates. These geographical differences were largely explained after stratifying by major religious denominational groupings. States with high Catholic adherence rates tended to have higher drinking rates, whereas states with high Evangelical Protestant adherence rates tended to have lower drinking rates. These findings suggest that the relationship between religion and alcohol may be denomination-specific and challenge the lay perception that religious adherence per se is associated with less alcohol consumption and less excessive drinking among those who drink.

*Keywords:* alcohol consumption, binge drinking, medical geography, religion, United States.

Previous studies demonstrate that alcohol consumption has a distinctive geographical pattern in the United States and in other countries (Smith and Hanham 1982; Powell-Griner, Anderson, and Murphy 1997; SAMHSA 1999, 2005; Nelson and others 2004). In the United States, studies have shown that alcohol consumption is greater in the Northeast, the Midwest, and the West and that consumption tends to be greater in metropolitan areas than in nonmetropolitan areas. Empirical studies of the geography of alcohol consumption have been reported in several countries, including the United States (Keller and Efron 1956; Rooney and Butt 1978; Hilton 1988; Williams and DeBakey 1992), Australia (Ward 1975), Great Britain (Kilich and Plant 1981; Duncan, Jones, and Moon 1993), and Finland (Karvonen 1995), as well as

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